

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2013
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151324 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING _____ | | (X3) DATE SURVEY COMPLETED R 05/16/2013 | |
| NAME OF PROVIDER OR SUPPLIER JASPER COUNTY HOSPITAL | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1104 E GRACE ST RENSSELAER, IN 47978 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey for a Critical Access Hospital (CAH) conducted on 02/07/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 05/16/13</p> <p>Facility Number: 005072 Provider Number: 150078 AIM Number: 100269660A</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Jasper County Hospital, was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 485.623(d), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>The facility consisted of three separate buildings; the main hospital, a second, identified as the Medical Outreach Building (MOB) for outpatient rehabilitation services, and an administration building added in 2011. A long term Residential Care facility occupies the west side of the second floor and an outpatient physicians office is located in a southwest section of the first floor. The main hospital, a three story building building with a basement was partiallysprinklered. The MOB was a one story building with a sprinklered basement. The administration building was sprinklered and protected by the fire alarm system. The buildings were determined to be</p> | | | {K 000} | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {K 000} | <p>Continued From page 1 Type II (222) construction.</p> <p>Sprinklered areas of the main building included the Emergency Room, Registration, main lobby and entrance areas located on the first floor north of the fire wall, basement of the 1983 addition, the boiler room, all environmental storage areas and offices, the water lab, equipment room #2 and the corridor outside the pharmacy.</p> <p>The facility has a fire alarm system with smoke detectors in hazardous areas and corridors. The facility has the capacity for 25 patients and had a census of 19 patients.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/17/13.</p> | {K 000} | | | |